

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>rd</i>	<i>62814</i>	<i>6/15/00</i>
O.I.P.E. CLASSIFIER	<i>①</i>	<i>11008</i>	<i>6/15/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	13	
2	✓	7	
3	✓	3	
4	✓	19	
5	✓	12	
6	✓	10	
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50	✓	10	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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